

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MISSOURI
WESTERN DIVISION

*(Write the District and Division, if any, of the
court in which the complaint is filed.)*

John W. Manning

*(Write the full name of each plaintiff who is filing
this complaint. If the names of all the plaintiffs
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names.)*

-against-
Greene County Justice Center
Medical Department

*(Write the full name of each defendant who is
being sued. If the names of all the defendants
cannot fit in the space above, please write "see
attached" in the space and attach an additional
page with the full list of names. Do not include
addresses here.)*

Complaint for Violation of Civil
Rights

(Prisoner Complaint)
17-3407-CV-S-BP-P

Case No. _____
(to be filled in by the Clerk's Office)

REQUEST FOR TRIAL BY JURY

Plaintiff requests trial by jury. Yes No

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

John W. Manning

All other names by which you have been known:

ID Number

47026-079

Current Institution

Karnes County Correctional Center

Address

810 Commerce Street
Karnes City, Texas 78118

B. The Defendant(s)

- Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation.
- Make sure that the defendant(s) listed below are identical to those contained in the above caption.
- For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both.
- Attach additional pages if needed.

Defendant No. 1

Name

Greene County Justice Center
Medical Department Staff

Job or Title
(if known)

Shield Number

Employer

Address

Greene County Justice Center
1000 Boonville
Springfield, Missouri 65803

Individual capacity

Official capacity

Defendant No. 2

Name

N J P

Job or Title
(if known)

Shield Number

Employer

Address

Individual capacity

Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)



State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights.

What federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

*My 5th, 8th and 14th Amendment were violated
by Greene County Justice Center - Medical Department. 42 U.S.C. 1983*

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

Pretrial detainee
 Civilly committed detainee
 Immigration detainee
 Convicted and sentenced state prisoner
 Convicted and sentenced federal prisoner
 Other (explain) USMS Detainee - Supervised release
Violated.

IV. Statement of Claim

Write a short and plain statement of FACTS that support your claim. Do not make legal arguments. You must include the following information:

- What happened to you?
- What injuries did you suffer?
- Who was involved in what happened to you?
- How were the defendants involved in what happened to you?
- Where did the events you have described take place?
- When did the events you have described take place?

If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

See Attach Pages

Statement Of Facts

On or about 10-30-2017, Plaintiff Manning were called to the Medical Department at Greene County Justice Center to talk to a Nurse about his medical problems and medication. The Nurse had the plaintiff to sign a release of information form so they could get the plaintiff medication information from H.E.B. Pharmacy in San Antonio, Texas.

On or about 11-10-2017, Plaintiff Manning requested to see the Nurse about his medication, the Post Officer that was working L-Pad where the plaintiff was House at the Greene County Justice Center told the plaintiff that the Nurse said that she didn't have any medication for him. At that time

the plaintiff told the Officer about his medical problems and that he signed a release of information form for the Medical Department to get the plaintiff medication. Then the Officer told the plaintiff that the Nurse said to fill out a sick call request. On or about 11-10-2017, Plaintiff Manning had a seizure because the Medical Staff at Greene County Justice Center refuse to give him his medication. After the Plaintiff had a seizure a Nurse that worked at the Greene County Justice Center asked the plaintiff did he sign a release of information form so they could get his medication, the plaintiff told the Nurse the date he signed the form, then the Nurse told the plaintiff that she will check into it. At that time the

plaintiff asked the Nurse for some medication but the Nurse still refuse to give the plaintiff some medication. On or about 11-10-2017 the plaintiff was informed by the

Medical Staff at the Greene County Justice Center that they verified his medication from his Pharmacy and as soon as they get it in their Pharmacy that the plaintiff will get it.

The Greene County Justice Center medical staff violated the plaintiff Constitutional Rights under the 5th, 8th, and 14th Amendment for refusing to give him adequate medical care.

Relief

- (1) Plaintiff Manning is requesting the Honorable Court to Order the Defendant to pay the plaintiff in the amount of \$3,25,000 for punitive damages.
- (2) Plaintiff Manning is requesting the Honorable Court to Order the Defendant to pay the plaintiff in the amount of \$350,000 for pain and suffering.
- (3) Plaintiff Manning is requesting the Honorable Court to Order the Defendant to pay the plaintiff in the amount of \$350,000 for monetary damages.
- (4) Plaintiff Manning is requesting the Honorable Court to Order the Defendant to pay all the plaintiff legal fees, including his Attorney fees.
- (5) Plaintiff Manning is requesting the Honorable Court to Order a temporary restraining Order to be placed on the Defendant to prevent law enforcement or prison officials from threatening, punishing, retaliation and harassment against the plaintiff for bringing this claim against them.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Plaintiff Manning notice after he had a seizure on 11-10-2017 that he was urin blood so he informed the Medical Staff at Greene County Justice Center that he was urin blood, but the medical staff refuse to give the plaintiff medical treatment.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

See Attach pages

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

*Greene County Justice Center, located at
1000 Bonneville, Springfield, Missouri 65803*

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know *Plaintiff wrote a request which had to go through the Officers before submitted.*

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

I wrote a inmate request concerning my complaint, but the Officers refuse to put it though.

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?



E. If you did file a grievance:

1. Where did you file the grievance?

N/A

2. What did you claim in your grievance? (Attach a copy of your grievance, if available)

N/A

3. What was the result, if any? (Attach a copy of any written response to your grievance, if available)

N/A

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

Because I was refuse a grievance by the Pay Officers but I wrote a inmate request.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I informed the Medical Staff by a inmate request and the Pay Officers on I-Pay by the intercom they had in the cells at Greene County Justice Center.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. *I, the plaintiff wrote a letter to the US Marshals about being denied medical treatment. And that the Medical Staff at Greene County Justice Center refuse to give me the plaintiff his medication.*

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?



Yes

No

I don't think so.

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?



Yes
No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) N/A

Defendant(s) N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?



Yes
No

If no, give the approximate date of disposition. N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?



Yes

No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

N/A

Defendant(s)

N/A

2. Court (if federal court, name the district; if state court, name the county and State)

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?



Yes

No (If no, give the approximate date of disposition):

N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12-6, 2017

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

City State Zip Code

John W. Manning
John W. Manning
47026-079
810 Commerce Street
Karnes City, Texas 78118

John W. Manning #47026-019
810 Commerce Street
Karnes City, Texas 78118

RECD DEC 13 2017

Hasler
12/05/2017
US POSTAL

Our
private

Legal Mail

Clerk's Office
United States District Court
Western District of Missouri
1400 U.S. Courthouse
222 John Q. Hammons Pkwy
Springfield, Missouri 65806

42 U.S.C. 1983